

**APPLICATION FOR CERTIFICATE OF COMPETENCY
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY AND OCCUPATIONAL SAFETY AND HEALTH
BUREAU OF BOILER AND PRESSURE VESSEL COMPLIANCE
P.O. BOX 392
TRENTON, NEW JERSEY 08625-0392**

CERTIFICATE ISSUED _____ **CERTIFICATE NUMBER** _____

(Do not write above this line)

I submit this application for a Certificate of Competency in accordance with my experience stated on this form.
PLEASE PRINT IN INK OR TYPE.

Name: _____ Social Security Number: _____

Street Address: _____

City: _____ Zip Code: _____

County: _____ State: _____ Telephone Number: _____

Education: _____
(State years completed in grade school, high school or college)

Employed by: _____
(Enter name of Authorized Inspection Agency)

Supervisor applicant reports to: _____ Telephone Number: _____

What branch office is applicant reporting? _____ NJ ID No. _____

What type of certification do you hold? (List all) _____

Type of Certification Requested:

☐ API 510/570 ☐ National Board Owner-User ☐ NJ Boiler/PV In-Service

Please indicate National Board Commission No. and/or API Certification No.: _____

Statement of Experience
Pursuant to N.J.S.A. 34:1-44

Employed By	Address	Position	Inspection Type Performed	How Long

This application must be forwarded to the Bureau of Boiler and Pressure Vessel Compliance, P.O. Box 392, Trenton, NJ 08625-0392.

The fee of **fifty (\$50.00) dollars**, in the form of check or money order, payable to the Commissioner of Labor and Workforce Development, **must** accompany this application.

Applicant's Signature

Date